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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/536,917	05/31/2005	Cristian Lorenz	DE 020291	6593
		UAL PROPERTY & STANDARDS EXAMINER		IINER
P.O. BOX 3001			WANG, CLAIRE X	
BRIARCLIFF	MANOR, NY 10510		ART UNIT PAPER NUMBER	
			2624	
			MAIL DATE	DELIVERY MODE
			07/29/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Asta a transfer of a second	10/536,917	LORENZ, CRISTIAN	
Interview Summary	Examiner	Art Unit	
	CLAIRE WANG	2624	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>CLAIRE WANG</u> .	(3)		
(2) <u>Marianne Fox</u> .	(4)		
Date of Interview: 23 July 2008.			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2) <mark> applicant's representative</mark>	;]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. g	ı) was not reached. h) N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Applicant is not filing a re</u>		if an agreement	was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP OAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
	/Matthew C. Dalla/ODE 0004		
Examiner Note: You must sign this form unless it is an	/Matthew C. Bella/SPE 2624 Examiner's signature, if requi	red	

Application No.

Applicant(s)